

05

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1 4
2. AMENDMENT/MODIFICATION NO. 0003	3. EFFECTIVE DATE 09/26/2005	4. REQUISITION/PURCHASE REQ NO. REQ-4310-05-0016	5. PROJECT NO. (If applicable)
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE ADPS	7. ADMINISTERED BY (If other than item 6) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE ADPS
8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP) JAMES TAYLOR 801 E ROANOKE ROAD STERLING VA 20164-3319		(a) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 9C. MODIFICATION OF CONTRACT/ORDER NO. CPSC-C-03-1292 9D. DATED (SEE ITEM 13) 09/22/2003	
CODE 074209037		FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required.)  
05-PS-EXOB-4310-11179-252H  
Net Increase: \$36,900.00

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(a)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.100(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO THE AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9

8. IMPORTANT: Contractor ☐ (a) is not, ☒ (b) is required to sign this document and return \_\_\_\_\_ 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 237502707

DUNS Number: 074209037

1. In accordance with FAR Clause 52.217-9 page 15, entitled Option to Extend the Term of the Contract the Consumer Product Safety Commission hereby exercises the option to extend the term of the contract. Unit prices specified in CLIN 0003AA and CLIN 0003AB of this option is exercised as follows.

Additionally, funding for the option is hereby provided in the amount of \$36,900.00. The period of performance shall be from September 26, 2005 through September 25, 2006.

Contract History:

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 5A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) <i>James W. Taylor</i>	15B. CONTRACT/ORDER NO. <i>074209037</i>	15C. DATE SIGNED 8-11-05	15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Joyce M. Lawn	15B. UNITED STATES OF AMERICA <i>Joyce M. Lawn</i>	15C. DATE SIGNED 8-17-05
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NSN 7540-01-152-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	CPSC-C-03-1292/0003	2	4

NAME OF OFFEROR OR CONTRACTOR  
TAYLOR JAMES

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Previous funding:</p> <p>Base Period, FY-03: \$ 47,500.00</p> <p>Modification Number 0001 FY-04: \$ 50,000.00</p> <p>Modification Number 0002 FY-04: \$ 18,000.00</p> <p>Modification Number 0003 FY-05: \$ 36,900.00</p> <p>Amount funded to date: \$152,400.00</p> <p>2. CLIN 0003AA is at 18 each at \$950.00 each for a total of \$17,100.00.</p> <p>3. CLIN 0003AB is at 18 each at \$1,100.00 each for a total of \$19,800.00.</p> <p>4. Paragraph 4. Statement of Work.</p> <p>Subparagraph B. is changed to include the word "email" as an additional means of communication.</p> <p>Subparagraph D.3 is changed to read as follows:</p> <p>The record flow analysis shall include the routing of charts on all patients that are seen in the ER. A "Record Flow Questionnaire" (see Attachment A and A1 for Trauma and Non-Trauma Questionnaires), shall be completed on each visit.</p> <p>Subparagraph I.1 is changed to read as follows:</p> <p>The Contractor shall prepare and deliver a typed written trip report to the CPSC Project Officer within three days of return that shall describe in narrative format the key aspects of the orientation/evaluation visit. The report shall include the names and titles of all hospital staff that were visited and subjects discussed. The report shall include copies of the completed "Record Flow Questionnaire" (Attachment A), "NEISS Evaluation Visit Performance Summary" form (Attachment B), "NEISS Evaluation Record Review Form" (Attachment D), "MS-ACCESS report, and all electronic files (see attachments C through F).</p> <p>Subparagraph J is changed by the addition of Paragraph 3 as follows:</p> <p>Completion of Record Review:</p> <p>a. Excellent performance: Completes all items in Continued ...</p>				

NSN 7540-01-152-8067

OPTIONAL FORM 336 (A-36)  
Reprinted by GSA  
FAR (48 CFR) 53.110

James Taylor US CPSC ADPS 703-437-1817 301 504 0628 P.04/14 P.4  
RUG 12 05 09:33a  
RUG-10-2005 17:33

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	CPSC-C-03-1292/0003	3	4

NAME OF OFFEROR OR CONTRACTOR  
TAYLOR JAMES

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>4, C, D, E, F, G, and H.</p> <p>b. Successful performance: Completes all but one item in 4, C, D, E, F, G, and H.</p> <p>c. Poor performance is defined as not meeting the excellent or successful criteria.</p> <p>5. Paragraph 5. Delivery or Performance.</p> <p>Items Number 1 &amp; 2 are changed to include the word "email" as an additional means of communication.</p> <p>6. Paragraph 7. Place of Delivery or Performance is changed to include the word "email" as an additional means of delivery.</p> <p>7. Paragraph 8. Travel.</p> <p>Subparagraph A is changed to read as follows:</p> <p>TRAVEL COSTS: All travel costs will be reimbursed in accordance with the following provisions and the Federal Travel Regulations (<a href="http://www.gsa.gov/travel">http://www.gsa.gov/travel</a>). Prospective Offerors may review the maximum federal rates at <a href="http://www.gsa.gov">http://www.gsa.gov</a>, click on per diem rates in the e-TOOLS: Online Services.</p> <p>Subparagraph G. is changed to read as follows:</p> <p>The Contractor shall not exceed the maximum per diem rates at the rates set forth for individual cities as allowed by the Federal Travel Regulations without the prior written approval of the Contracting Officer. The web site that addresses these rates is <a href="http://www.gsa.gov">http://www.gsa.gov</a>, per diem rates in the e-TOOL Online Services.</p> <p>Subparagraph H is changed to read as follows:</p> <p>The cost of travel by privately owned automobile shall be reimbursed at 40.5 cents per mile, as established by the Federal Travel Regulations. Such reimbursement, however, shall not exceed the otherwise allowable comparative cost of travel by common carrier.</p> <p>8. Paragraph 11. Billing Instructions.</p> <p>Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR  
TAYLOR JAMES

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Subparagraph C is changed to read as follows:</p> <p>ALL OTHER INFORMATION RELATING TO THE PURCHASE ORDER</p> <p>Contact: William Graves (301) 504-7045.</p> <p>9. Paragraph 15. Government Furnished Materials/Equipment.</p> <p>Subparagraph a.8 is changed to read as follows:</p> <p>NEISS Evaluation Visit Performance Summary form</p> <p>10. Paragraph 17. List of Attachments.</p> <p>Subparagraph A. is changed to read as follows:</p> <p>Record Flow Questionnaire (Trauma Hospitals)</p> <p>Subparagraph A.1 is added as follows:</p> <p>Record Flow Questionnaire (Non-Trauma Hospitals)</p> <p>END</p>				

OPTIONAL FORM 336 (6-82)  
Sponsored by GSA  
FPMR (41 CFR) 101-11.6

NEW 7540-01-152-9087

Aug 12 05 09:33a James Taylor US CPSC ADPS 703-437-1817 301 504 0628 P.06/14 P.6  
AUG-10-2005 17:34

*Attachment A*  
**Record Flow Questionnaire (Trauma)**

6/05

1. Is a record initiated on each person who arrives at the ER?

☐ Yes      ☐ No → Describe: \_\_\_\_\_  
\_\_\_\_\_

2. Who initiates the record? \_\_\_\_\_

3. Is there a triage (sorting out and classifying patients to determine priority of need and proper place of treatment?)

☐ Yes → Can all patient records be intercepted in the ER?  
☐ Yes      ☐ No → Describe: \_\_\_\_\_

☐ No

4. Does the hospital have a morgue?

☐ Yes → Do DOA's come through the ER first or go directly to the morgue?  
☐ DOA's come through ER first → Is an ER record prepared?  
☐ Yes      ☐ No

☐ DOA's go directly to the morgue

☐ No → Is there a log for DOA's?

☐ Yes

☐ No → Describe any record made of the DOA: \_\_\_\_\_  
\_\_\_\_\_

5. For treated and released patients, indicate where each copy is filed and at what point the copies are separated?

Copy 1 filed: \_\_\_\_\_

Copy 2 filed: \_\_\_\_\_

Copy 3 filed: \_\_\_\_\_

Copy 4 filed: \_\_\_\_\_

Copy 5 filed: \_\_\_\_\_

Copy 6 filed: \_\_\_\_\_

Copies separated: \_\_\_\_\_

6. For patients treated and transferred to another facility, is a copy of the record retained in the ER?

☐ Yes ☐ No → Describe: \_\_\_\_\_

7. For patients admitted to the hospital, is a copy of the ER record retained in the ER?

☐ Yes ☐ No → Describe: \_\_\_\_\_

8. Transit of ER record to medical records:

a. How long after ER treatment is the record sent to medical records:

b. Is the record sent directly to medical records?

☐ Yes ☐ No → Describe: \_\_\_\_\_

c. Is a copy kept in the ER?

☐ Yes → For how long? \_\_\_\_\_

☐ No

9. Will the original ER record be available for the NEISS coder?

☐ Yes ☐ No → Is the copy available legible?

10. Is the record flow the same as described above for the following types of cases:

a. Firearm injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

b. Work-related injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

c. Hospitalized injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

d. Intentional injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

Are intentional injuries reported to others either within the hospital or outside the hospital?

☐ Yes → Specify:

Within Hospital:

☐ Social Worker

☐ Social Services

☐ Hospital Administration

☐ Other \_\_\_\_\_

Outside Hospital:

☐ County Social Services

☐ State Social Services

☐ Police

☐ Other \_\_\_\_\_

☐ No

11. Does this hospital have a trauma unit?

☐ Yes → Is it certified as ☐ Level I?

☐ Level II?

☐ Level III?

☐ Other? \_\_\_\_\_

☐ No

12. Does this hospital have a burn unit?

☐ Yes → Is the coder intercepting all emergency cases? ☐ Yes ☐ No

☐ No

13. Is this hospital a regional or local poison control center?

☐ Yes, regional poison control center

☐ Yes, local poison control center

☐ No

14. If any cases are being missed for any reason, describe corrective actions that have been/will be taken to ensure that the NEISS coder will be reporting all in-scope cases.

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15. Is the record flow the same as described above for the following types of cases:

a. Firearm injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

b. Work-related injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

c. Hospitalized injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

d. Intentional injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

Are intentional injuries reported to others either within the hospital or outside the hospital?

☐ Yes → Specify:

Within Hospital:

☐ Social Worker

☐ Social Services

☐ Hospital Administration

☐ Other \_\_\_\_\_

Outside Hospital:

☐ County Social Services

☐ State Social Services

☐ Police

☐ Other \_\_\_\_\_

☐ No

16. Does this hospital have a trauma unit?

☐ Yes → Is it certified as ☐ Level I?

☐ Level II?

☐ Level III?

☐ Other? \_\_\_\_\_

☐ No

17. Does this hospital have a burn unit?

☐ Yes, regional poison control center

☐ Yes, local poison control center

☐ No



*Attachment A1*  
**Record Flow Questionnaire(Non-Trauma)**

6/05

1. Is a record initiated on each person who arrives at the ER?

☐ Yes      ☐ No → Describe: \_\_\_\_\_

2. Who initiates the record? \_\_\_\_\_

3. Is there a triage (sorting out and classifying patients to determine priority of need and proper place of treatment?)

☐ Yes → Can all patient records be intercepted in the ER?  
☐ Yes      ☐ No → Describe: \_\_\_\_\_

☐ No

4. Does the hospital have a morgue?

☐ Yes → Do DOA's come through the ER first or go directly to the morgue?  
☐ DOA's come through ER first → Is an ER record prepared?  
☐ Yes      ☐ No

☐ DOA's go directly to the morgue

☐ No → Is there a log for DOA's?

☐ Yes

☐ No → Describe any record made of the DOA: \_\_\_\_\_

5. For treated and released patients, indicate where each copy is filed and at what point the copies are separated?

Copy 1 filed: \_\_\_\_\_

Copy 2 filed: \_\_\_\_\_

Copy 3 filed: \_\_\_\_\_

Copy 4 filed: \_\_\_\_\_

Copy 5 filed: \_\_\_\_\_

Copy 6 filed: \_\_\_\_\_

Copies separated: \_\_\_\_\_

6. For patients treated and transferred to another facility, is a copy of the record retained in the ER?

☐ Yes

☐ No → Describe: \_\_\_\_\_

7. For patients admitted to the hospital, is a copy of the ER record retained in the ER?

☐ Yes

☐ No → Describe: \_\_\_\_\_

8. Transit of ER record to medical records:

- a. How long after ER treatment is the record sent to medical records:

- b. Is the record sent directly to medical records?

☐ Yes

☐ No → Describe: \_\_\_\_\_

- c. Is a copy kept in the ER?

☐ Yes → For how long? \_\_\_\_\_

☐ No

9. Will the original ER record be available for the NEISS coder?

☐ Yes

☐ No → Is the copy available legible?

10. Is the record flow the same as described above for the following types of cases:

- a. Firearm injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

- b. Work-related injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

- c. Hospitalized injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

- d. Intentional injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

Are intentional injuries reported to others either within the hospital or outside the hospital?

☐ Yes → Specify:

Within Hospital:

- ☐ Social Worker  
☐ Social Services  
☐ Hospital Administration  
☐ Other \_\_\_\_\_  
\_\_\_\_\_

Outside Hospital:

- ☐ County Social Services  
☐ State Social Services  
☐ Police  
☐ Other \_\_\_\_\_  
\_\_\_\_\_

☐ No

11. Does this hospital have a trauma unit?

- ☐ Yes → Is it certified as ☐ Level I?  
☐ Level II?  
☐ Level III?  
☐ Other? \_\_\_\_\_

☐ No

12. Does this hospital have a burn unit?

- ☐ Yes → Is the coder intercepting all emergency cases? ☐ Yes ☐ No

☐ No

13. Is this hospital a regional or local poison control center?

- ☐ Yes, regional poison control center  
☐ Yes, local poison control center  
☐ No

14. If any cases are being missed for any reason, describe corrective actions that have been/will be taken to ensure that the NEISS coder will be reporting all in-scope cases.

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15. Is the record flow the same as described above for the following types of cases:

a. Firearm injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

b. Hospitalized injuries

☐ Yes

☐ No → Describe: \_\_\_\_\_

16. Does this hospital have a trauma unit?

☐ Yes → Is it certified as ☐ Level I?

☐ Level II?

☐ Level III?

☐ Other? \_\_\_\_\_

☐ No

17. Does this hospital have a burn unit?

☐ Yes, regional poison control center

☐ Yes, local poison control center

☐ No